



**BANK DRAFT AUTHORIZATION AGREEMENT**

*This form represents my authorization for Cleveland County Water to automatically draft my checking account for the total amount presented on my monthly statement.* \_\_\_\_\_  
*Initial*

*I understand this bank draft authorization will be in effect until I provide Cleveland County Water with written notice to terminate the draft.* \_\_\_\_\_  
*Initial*

*In the event my banking information changes, I understand I must submit a new Bank Draft Authorization Agreement along with a voided check from the new bank account.* \_\_\_\_\_  
*Initial*

*If I transfer my services to a new address within the Cleveland County Water service area, I understand that my draft information will also transfer to the new address unless I authorize in writing to stop the current draft.*  
 \_\_\_\_\_  
*Initial*

*I understand Cleveland County Water will assess a service charge for all draft payments returned unpaid by my financial institution, no matter the reason.* \_\_\_\_\_  
*Initial*

Please complete the information below and return this application along with either a voided check or savings account deposit slip to:

*Cleveland County Water  
 PO Box 8  
 Shelby, NC 28151  
 ATTN: Jennifer Mathis*

***THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE***

\_\_\_\_\_  
 PRINT NAME (AS IT APPEARS ON WATER BILL)

\_\_\_\_\_  
 WATER ACCOUNT NUMBER (6 Digits)

\_\_\_\_\_  
 HOME PHONE

\_\_\_\_\_  
 CELL PHONE

\_\_\_\_\_  
 WORK PHONE

\_\_\_\_\_  
 AUTHORIZING SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
 ACCOUNT NUMBER

\_\_\_\_\_  
 CHECKING OR SAVINGS

***ATTACH YOUR VOIDED CHECK TO THIS APPLICATION BEFORE MAILING***

**OFFICE USE ONLY**

Account # \_\_\_\_\_ Route \_\_\_\_\_ Sequence \_\_\_\_\_ Cycle \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Created: \_\_\_\_\_

Employee Signature \_\_\_\_\_

\*Cleveland County Water is an Equal Opportunity Employer and Provider